



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™



COVID-19

CDC has updated its guidance for people who are fully vaccinated. See [Recommendations for Fully Vaccinated People](#).

Guidance for Institutions of Higher Education (IHEs)

Updated June 4, 2021

[Print](#)

Summary of Recent Changes

Updates as of June 4, 2021



- Added Introduction language to reflect the latest information relevant to Institutions of Higher Education (IHEs)
- Added guidance on offering and promoting COVID-19 vaccination
- Added guidance on prevention strategies for IHEs where everyone is fully vaccinated and for IHEs where not everyone is fully vaccinated
- Added section on General Considerations for All IHEs
- Added section with Additional Considerations for All IHEs
- Added Key Terms
- Added References section
- Updated Resources section

[View Previous Updates](#)

Key Points

This guidance supplements and does not replace any federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which IHEs must comply.

- This guidance provides resources that IHE administrators can use to prevent the spread of COVID-19 among students, faculty, and staff during the COVID-19 pandemic.
- IHE administrators can help protect students, faculty, and staff and slow the spread of COVID-19, by encouraging vaccinations and using CDC's Guidance for IHEs.
- IHEs can help increase vaccine uptake among students, faculty, and staff by providing information about COVID-19 vaccination, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.
- IHEs where all students, faculty, and staff are **fully** vaccinated prior to the start of the semester can return to full capacity in-person learning, without requiring or recommending masking or physical distancing for people who are fully vaccinated in accordance with [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).
- IHEs where not everyone is fully vaccinated will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated on campus which requires decision making to protect the people who are not fully vaccinated.

Introduction

This guidance is intended for any institution of higher education (IHE) that offers education or instruction beyond the high school level, such as colleges and universities, including community and technical colleges.

To determine your level of community transmission, please see [CDC's COVID Tracker](#).

This guidance is split into four sections to support IHEs in their decision making:


[Section 1: Offer and Promote COVID-19 Vaccination](#)

[Section 2: Guidance for IHEs Where Everyone is Fully Vaccinated](#)

[Section 3: Guidance for IHEs Where Not Everyone is Fully Vaccinated](#)

[Section 4: General Considerations for All IHEs](#)

IHE administrators can determine, in collaboration with [tribal, state, local, and territorial public health officials](#) and in accordance with applicable law, how to implement CDC guidance while considering the needs and circumstances of the IHE within the context of their local community. IHE administrators should take into account [health equity considerations](#) for [promoting fair access to health](#). This guidance does not replace any applicable federal, state, tribal, local, or territorial health and safety laws, rules, and regulations with which IHEs must comply.

The Department of Education has a complementary handbook to this guidance *ED COVID-19 Handbook Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff* found here: <https://www2.ed.gov/documents/coronavirus/reopening-3.pdf> 

Section 1: Offer and Promote COVID-19 Vaccination

IHEs can play a critical role in offering and promoting vaccination to help increase the proportion of students, faculty and staff that are vaccinated to help slow the spread of COVID-19 and prevent interruptions to in-person learning.

Vaccination is the leading prevention strategy to protect individuals from COVID-19 disease and end the COVID-19 pandemic. Current COVID-19 vaccines authorized for use in the United States are safe and [effective](#), widely accessible in the U.S., and available at no cost to all people living in the U.S. Learn more about the [Benefits of Getting a COVID-19 Vaccine](#).

IHEs can help increase vaccine uptake among students, faculty, and staff by providing information about and offering COVID-19 vaccination, promoting vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible. IHE administrators may refer to CDC's [Workplace Vaccination Program](#) as instructive to help [prepare for](#) campus vaccination.

To increase access to vaccines, IHEs can

- Provide on-site vaccination in IHE facilities or local vaccination sites through partnerships (e.g., existing occupational and student health clinics, IHE-run temporary vaccination clinics, mobile vaccination clinics brought to the IHE, etc.).
- Consider hosting a mass vaccination clinic or setting up smaller vaccine venues on campus to promote vaccination.
- Connect with your local or state health department or health system to learn what might be possible.
 - If you are not already working with your local or state health department, consider reaching out for assistance with promoting and implementing vaccinations within the IHE community. The local or state health department can assist with coordination of vaccination clinics and offer local vaccine expertise.
 - Refer to [CDC guidance](#) for help planning vaccination clinics held at satellite, temporary, or off-site locations.
 - Refer to the [American College Health Association's website](#) [🔗](#) for a compilation of guidance and resources for hosting a mass vaccination clinic and other best practices.
- Use trusted messengers to promote vaccination, including current and former students.
- Consider offering multiple locations and vaccination times to accommodate student work and academic schedules.
- Facilitate access to off-site vaccination services in the community (e.g., pharmacies, mobile vaccination clinic set up in community locations, partnerships with local health departments, healthcare centers and other community clinics, partnerships with student organizations).
 - Visit [vaccines.gov](#) to find out where students can get vaccinated in your community and identify locations near to campus.
 - Offer free transportation to off-site vaccination sites for students who need assistance.
- Offer flexible, supportive sick leave options (e.g., paid sick leave), in accordance with applicable laws and IHE policies, for employees with [side effects](#) after vaccination. See CDC's [post-vaccination Considerations for Workplaces](#).
- Offer flexible excused absence options for students receiving vaccination and those with side effects after vaccination.

To promote vaccination, IHEs can

- Develop educational messaging for vaccination campaigns to [build vaccine confidence](#) and consider utilizing student leaders and athletes as spokespersons.
- Ask student and other organizations who are respected in IHE communities to help build confidence in COVID-19 vaccines and promote the benefits of getting vaccinated.
- Ask students, faculty, and staff to promote vaccination efforts in their social groups and their communities.

Certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have had previous experiences that affect their trust and confidence in the healthcare system. [Vaccine confidence](#) may be different among students, faculty, and staff. IHE administrators should tailor communications and involve trusted community messengers, including those on social media, to promote vaccinations among those who may be hesitant to receive COVID-19 vaccination.

IHEs can consider verifying the vaccination status of their students, faculty, and staff. Administrators can determine [vaccine record](#) verification protocols, in accordance with state and local laws.

See [COVID-19 Vaccine Toolkit for Institutions of Higher Education \(IHE\), Community Colleges, and Technical Schools](#) for more information.

Section 2: Guidance for IHEs Where Everyone is Fully Vaccinated

This section is intended for IHEs that have a fully vaccinated campus. People who are fully vaccinated are at low risk of symptomatic or severe infection, and a [growing body of evidence](#) suggests that people who are fully vaccinated are less likely to have asymptomatic infection or transmit the virus that causes COVID-19 to others. IHEs with fully vaccinated students, faculty, and staff can refer to [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#). As new information become available, CDC guidance will be updated accordingly.

IHEs should comprehensively engage their IHE networks to establish and promote a vaccination environment that is safe and [equitable](#) for all students, faculty, and staff.

Some students, faculty, or staff might not be able to get the COVID-19 vaccine due to medical or other conditions. IHEs will need to determine prevention strategies, accommodations, and policies for any students, faculty, or staff who cannot be vaccinated.

IHEs where all students, faculty, and staff are **fully** vaccinated prior to the start of the semester can return to full capacity in-person learning, without requiring or recommending masking or physical distancing for people who are fully vaccinated in accordance with [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#). General public health considerations such as handwashing, cleaning/disinfection and respiratory etiquette should continue to be encouraged regardless of vaccination status (see [Section 4](#)). When holding gatherings and events that include individuals who are not fully vaccinated such as campus visitors or others from outside of the IHE, IHEs should utilize appropriate prevention strategies to protect people who are not fully vaccinated.

We are still learning how well the COVID-19 vaccines protect people with weakened immune systems, including people who take immunosuppressive medications. Administrators should advise students, faculty, and staff with weakened immune systems on the importance of talking to their healthcare providers to discuss their activities and [precautions](#) they may need to keep taking to prevent COVID-19. Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems.

Wearing a Mask

Students, faculty, and staff who are fully vaccinated do not need to wear masks, except where required by federal, state, local, tribal, or territorial laws, rules and regulations, including local business and workplace guidance. Although fully vaccinated persons do not generally need to wear masks, CDC recommends continued masking and physical distancing for people with weakened immune systems. IHEs can be supportive of students, faculty, or staff who choose to continue to wear a mask for any reason.

Physical Distancing

Physical distancing is not necessary for fully vaccinated students, faculty, and staff on campus for IHEs where everyone is fully vaccinated except indicated in [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).

Housing and Communal Spaces

Shared housing includes a broad range of settings, such as apartments, condominiums, student or faculty/staff housing, and fraternity and sorority housing. People who are fully vaccinated in shared housing should follow [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).

Hand Hygiene and Respiratory Etiquette

IHEs should continue to facilitate health-promoting behaviors such as [hand hygiene](#) and [respiratory etiquette](#) to reduce the spread of infectious disease in general.

Cleaning, Improving Ventilation, and Maintaining Healthy Facilities

IHEs should continue to follow [cleaning, disinfecting, and ventilation recommendations](#), including routine cleaning of high touch surfaces and shared objects as well as maintaining improved ventilation.

Testing

People who are fully vaccinated do not need to undergo routine COVID-19 screening testing. If a fully vaccinated person is exposed to someone with COVID-19 they do not need to be tested unless they are experiencing COVID-19 symptoms. Any person who experiences COVID-19 symptoms should get a COVID-19 test. Refer to CDC's [Interim Public Health Recommendations for Fully Vaccinated People](#) for more information.

Symptom Screening

Encourage students, faculty, and staff to perform daily health screenings for infectious illnesses, including COVID-19. Encourage students, faculty, and staff with signs or symptoms of infectious illness to stay home when sick and/or seek medical care. A [COVID-19 self-checker](#) may be used to help decide when to seek COVID-19 testing or medical care. If symptom screening is conducted, ensure that symptom screening is done safely, respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws.

Contact Tracing in Combination with Isolation and Quarantine

Prompt collaboration between IHEs and health departments to implement [case investigation](#) and [contact tracing](#) can effectively break the chain of transmission and prevent further spread of the virus in the IHE setting and the community. All COVID-19 case investigation and contact tracing should be done in coordination with state, local, tribal and territorial public health authorities and in accordance with local requirements and guidance. IHEs should continue to support investigation and contact tracing detailed in [CDC's Guidance for Case Investigation and Contact Tracing in IHEs](#). People who are fully vaccinated with no COVID-like symptoms do not need to [quarantine](#) or be restricted from work following an exposure to someone with suspected or confirmed COVID-19, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

Variants

[Variants](#) of the virus that causes COVID-19 are spreading in the United States. Current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against known variants. CDC has systems in place to monitor how common these variants are and to look for the emergence of new variants. CDC will

continue to monitor variants to see if they have any impact on how COVID-19 vaccines work in real-world conditions. For more information see CDC's [COVID-19 Vaccines Work](#) page.

If IHEs experience increases in COVID-19 cases among fully vaccinated persons, administrators should promptly contact their local or state public health department and determine whether they need to re-institute, intensify or implement certain prevention strategies.

Section 3: Guidance for IHEs Where not Everyone is Fully Vaccinated

IHEs where not everyone is fully vaccinated will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated on campus which requires decision making to protect the people who are not fully vaccinated.

General Considerations

Multiple factors should inform the optimal implementation of layered prevention strategies by IHEs. Ideally, consideration would be given to both the direct campus population as well as the surrounding community. The primary factors to consider include: 1) [level of community transmission of COVID-19](#) ; 2) [COVID-19 vaccination coverage](#), including among students, faculty, and staff; 3) implementation of a robust, frequent SARS-CoV-2 screening testing program with high participation from the unvaccinated campus population; and 4) any local COVID-19 outbreaks or increasing trends. Discussion of these factors should occur in collaboration with local or state public health partners.

Prevention Strategies that Reduce Spread

IHE administrators should create programs and policies that facilitate the adoption and implementation of [prevention strategies](#) to slow the spread of COVID-19 at the IHE and in the local community. Evidence-based prevention strategies, including vaccination, should be implemented, and layered in IHE settings. Key prevention strategies include

- [Offering and promoting vaccination](#)
- [Consistent and correct use of masks](#)
- [Physical distancing](#)
- [Handwashing](#) and [respiratory etiquette](#)
- [Contact tracing](#) in combination with [isolation](#) and [quarantine](#)
- [Testing for COVID-19](#)
- Maintaining [healthy environments](#) (increased [ventilation](#) and [cleaning](#))
- Maintaining healthy operations ([communications](#), [supportive policies](#) and [health equity](#))

These prevention strategies remain critical in IHE and community settings with mixed populations of both people who are fully vaccinated and people who are not fully vaccinated.

Particularly in [areas of substantial to high transmission](#), IHEs in collaboration with their local or state health department may consider maintaining or implementing additional prevention strategies including physical distancing and mask use indoors by all students, faculty, staff, and other people such as visitors, including those who are fully vaccinated.

Wearing a Mask

When people who are not fully vaccinated correctly wear a mask, they protect others as well as themselves. Consistent and [correct mask use](#) by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained. Given evidence of limited transmission of COVID-19 outdoors,^{1,2,3,4,5,6} CDC has updated its guidance for outdoor mask use among people who are not fully vaccinated.

Administrators should encourage people who are not fully vaccinated and [those who might need to take extra precautions](#) to wear a mask consistently and correctly:

- **Indoors.** Mask use is recommended for people who are not fully vaccinated including children. Children under the age of 2 should not wear a mask.
- **Outdoors.** In general, people do not need to wear masks when outdoors. However, particularly in areas of [substantial to high transmission](#), CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.

Although people who are fully vaccinated do not need to wear masks, IHEs should be supportive of vaccinated people who choose to wear a mask.

IHEs that continue to require universal mask policies should make exceptions for the following categories of people:

- A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

Physical Distancing

[Physical distancing](#) means keeping space of at least 6 feet (about 2 arm lengths) between people who are not from your household in both indoor and outdoor spaces. People who are not fully vaccinated should continue to practice

physical distancing.

Promote physical distancing by

- Hosting virtual-only activities, [events](#), and [gatherings](#) (of all sizes).
- Holding activities, events, and gatherings outdoors in areas that can accommodate physical distancing, when possible.
- Spacing out or blocking off rows, chairs, and/or table seating positions in communal use shared spaces (such as classrooms, dining halls, locker rooms, laboratory facilities, libraries, student centers, and lecture rooms).
- Limiting occupancy and requiring mask use by people who are not fully vaccinated, including drivers, and on [campus buses/shuttles or other vehicles](#). Alternate or block off rows and increase [ventilation](#) (i.e., open windows if possible).

Hand Hygiene and Respiratory Etiquette

IHEs should facilitate health-promoting behaviors such as [hand washing](#) and [respiratory etiquette](#) to reduce the spread of infectious illnesses including COVID-19.

IHEs can place visual cues such as [handwashing posters](#), [stickers](#), and other materials in highly visible areas. They can [download and print handwashing materials](#) or order handwashing materials from CDC for free using [CDC-INFO on Demand](#).

Housing and Communal Spaces

Shared housing includes a broad range of settings, such as apartments, condominiums, student or faculty/staff housing, and fraternity and sorority housing. IHE administrators should refer to CDC's [Guidance for Shared and Congregate Housing](#).

Additionally consider:

- If the IHE designates fully vaccinated dorms, floors or complexes, those areas should follow [CDC's Interim Public Health Recommendations for Fully Vaccinated People](#).
- Housing students who are not fully vaccinated in single rooms instead of shared rooms when feasible.⁷
- Establishing cohorts of people who are not fully vaccinated, such as groups of dorm rooms or dorm floors that do not mix with other cohorts to minimize transmission across cohorts and facilitate contact tracing. All units that share a bathroom should be included in a cohort. Roommates/suite-mates can be considered a household and do not need to use masks or physically distance within the household "unit" (e.g., dorm room or suite) unless someone in the household is ill.
- Close or limit the capacity of communal use shared spaces such as dining areas, game rooms, exercise rooms, and lounges, if possible, to decrease

mixing among non-cohort people who are not fully vaccinated. Consider limiting use of communal use shared space to people who are fully vaccinated.

- Limit building access by non-residents, including outside guests and non-essential visitors, to dorms and residence halls.

Contact Tracing in Combination with Isolation and Quarantine

Case Investigation and Contact Tracing

All COVID-19 case investigation and contact tracing should be done in coordination with state, local, tribal and territorial public health authorities and in accordance with local requirements and guidance. IHEs should continue to support investigation and contact tracing detailed in [CDC's Guidance for Case Investigation and Contact Tracing in IHEs](#). IHE administrators should take a proactive role in preparing for COVID-19 case investigation and contact tracing detailed in [CDC's Guidance for Case Investigation and Contact Tracing in IHEs](#). It is important that case investigations and contact tracing are conducted in a [culturally appropriate](#) manner consistent with applicable privacy, public health, healthcare, and workplace laws and regulations.

- Case investigation and [contact tracing](#) are essential interventions in a successful, multipronged response to COVID-19, and should be implemented along with other prevention strategies such as [offering and promoting vaccination](#), consistent and correct use of masks and physical distancing among people who are not fully vaccinated.⁸
- Contact tracing with students, faculty, and staff associated with the campus should be anticipated as a crucial strategy to reduce further transmission once a case is identified consistent with applicable privacy, public health, healthcare, and workplace laws and regulations.

Consistent with applicable privacy laws, IHE officials should plan to provide information and records to aid in the identification of exposures, and notify [close contacts](#), as appropriate, of exposure as soon as possible after the IHE is notified that someone in the IHE has tested positive or been diagnosed with COVID-19.

Quarantine and Isolation

Some students, faculty, and staff might develop symptoms of COVID-19 while on campus. IHE administrators should be prepared for this possibility and should clearly communicate to students, faculty, and staff actions to take when responding to someone who is sick with COVID-19. IHE administrators should collaborate with local public health authorities to create a plan for [quarantine](#) and [isolation](#) to protect persons by preventing exposure to people who have or might have COVID-19. IHEs should facilitate isolation of students, staff, educators, contractors, or volunteers with suspected or confirmed COVID-19 and prompt reporting to the health department and follow [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education](#).

Testing for COVID-19

[Testing](#) can slow and stop the spread of COVID-19. Testing must be carried out in a way that protects individuals' privacy and confidentiality, is consistent with applicable laws and regulations, and integrates with state, local, and tribal public health systems.

IHEs should conduct [diagnostic or screening testing](#) of students, faculty, and staff for purposes of surveillance or in the context of an outbreak; however, the recommendations vary based on whether or not a person is fully vaccinated.

- Diagnostic testing is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or when a person who is not fully vaccinated is asymptomatic but has recent known or suspected exposure to SARS-CoV-2.
 - Students, faculty, and staff who are [fully vaccinated](#) can refrain from testing following a known exposure if they are asymptomatic. People who are fully vaccinated should continue to get tested if experiencing COVID-19 symptoms.
- Screening testing is intended to identify infected people who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission.
 - Students, faculty, and staff who are fully vaccinated can refrain from routine screening testing, if feasible.

IHE officials should determine in collaboration with local [health department officials](#) the nature of any testing strategy to be implemented for purposes of diagnosis, screening, or outbreak response, and if so, how to best do so. Testing strategies implemented should be done as part of a larger COVID-19 prevention plan. IHE testing guidance can be found at [CDC's Interim Guidance for SARS-CoV-2 Testing and Screening at Institutions of Higher Education \(IHEs\)](#).

IHEs may consider maintaining documentation of individuals' vaccination status to inform testing, contact tracing efforts, and quarantine/isolation practices. It is recommended that [fully vaccinated](#) people with no COVID-19-like symptoms and no known exposure should be exempted from routine screening testing programs. Vaccination information should be obtained with appropriate safeguards to protect personally identifiable information and HIPAA-sensitive information from unlawful release.

Symptom Screening

[Symptom screening](#) will fail to identify some people who have the virus that causes COVID-19. Symptom screening cannot identify people with COVID-19 who are asymptomatic (i.e., do not have symptoms) or pre-symptomatic (have not developed signs or symptoms yet but will later). Others might have symptoms that are so mild that they might not notice them.

- Encourage students, faculty, and staff to perform daily health screenings at home for infectious illnesses, including COVID-19. Encourage students, faculty, and staff with signs or symptoms of infectious illness, including COVID-19, to stay home when sick and/or seek medical care. A [COVID-19 self-checker](#) may be used to help decide when to seek COVID-19 testing or medical care.
- If symptom screening is conducted, ensure that symptom screening is done safely, respectfully, and in accordance with any applicable federal or state privacy and confidentiality laws.

Communicating Prevention Strategies

- Designate staff member(s) or a specific office to be officially responsible for replying to COVID-19 concerns. When students, faculty, or staff develop [symptoms](#) of COVID-19, test positive for COVID-19, or are [exposed](#) to someone with COVID-19, they should report to the IHE designated staff or office.
- Post signs in highly visible locations (such as building entrances, restrooms, and dining areas) and [communicate](#) with students, faculty, and staff via email and social media about prevention strategies, such as getting a COVID-19 vaccine, consistent and correct use of masks, physical distancing, [handwashing](#) (or use of [hand sanitizer](#)), [covering their mouths and noses](#) with a tissue or use the inside of their elbow or mask if they cough or sneeze. Signs should include visual cues. Use [CDC's print communication materials](#) developed to support COVID-19 recommendations. Materials are available in multiple languages and free for download and may be printed on a standard office printer.
- Use simple, clear, and effective language (for example, in [videos](#)) about behaviors that reduce the spread of COVID-19 when communicating with students, faculty, and staff (such as on IHE websites, in emails, and on IHE [social media accounts](#)).
- Students, faculty, and staff should attend a virtual training on all campus prevention strategies, policies, and procedures. This type of training can be useful for incoming students who were not in attendance during the previous academic year.
- Use [communication methods](#) that are accessible for all students, faculty, staff, and other essential visitors (such as parents or guardians). Ensure materials can accommodate diverse audiences, such as people who have [limited English proficiency \(LEP\)](#) and people with [disabilities](#). Partnerships to provide public service announcements (PSA) might be useful, such as The Corporation for Public Broadcasting (CPB) [PSA to Houston-based tribal and Historically Black Colleges and Universities](#). [🔗](#) The CPB [🔗](#) campaign is expected to provide trusted, life-saving information to populations that have been disproportionately affected by the pandemic.⁹

Section 4: General Considerations for All IHEs

This section is intended for all IHEs regardless of policy on COVID-19 vaccination. The considerations included here will help IHEs to prevent any infectious illness transmission among students, faculty, staff, and visitors.

Cleaning, Improving Ventilation, and Maintaining Healthy Facilities

When to Clean

Cleaning with products containing soap or detergent reduces germs on surfaces and objects by removing contaminants and may weaken or damage some of the virus particles, which decreases risk of infection from surfaces.

[Cleaning high touch surfaces and shared objects once a day is usually enough](#) to sufficiently remove virus that may be on surfaces unless someone with confirmed or suspected COVID-19 has been in your facility. Disinfecting (using disinfectants on [U.S. Environmental Protection Agency \[EPA\]'s List](#) [\[EPA's List\]](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection. For more information on cleaning your facility regularly and cleaning your facility when someone is sick, see [Cleaning and Disinfecting Your Facility](#).

When to Disinfect

You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces, such as:

- High transmission of COVID-19 in your community
- Infrequent hand hygiene
- The space is occupied by people at [increased risk for severe illness from COVID-19](#)

[If there has been a sick person or someone who tested positive for COVID-19](#) in your facility within the last 24 hours, you should clean AND disinfect the space.

Use Disinfectants Safely

Always read and follow the directions on how to use and store cleaning and disinfecting products. [Ventilate](#) the space when using these products.

Always follow standard practices and appropriate regulations specific to your facility for minimum standards for cleaning and disinfection. For more information on cleaning and disinfecting, see [Cleaning and Disinfecting Your Facility](#).

Improving Ventilation

Improving ventilation is an important COVID-19 prevention strategy for IHEs. Along with [other preventive strategies](#), protective ventilation practices and interventions can reduce the airborne concentration of viral particles and reduce the overall viral dose to occupants. For more specific information about maintenance and use of ventilation equipment and other ventilation considerations, refer to CDC's [Ventilation in Buildings webpage](#). CDC's [Ventilation FAQs](#) and [Improving Ventilation in Your Home](#) webpage further describe actions to improve ventilation. Additional ventilation recommendations for different types of IHE buildings can be found in the [American Society of Heating, Refrigerating, and Air-Conditioning Engineers \(ASHRAE\) schools and universities guidance document](#) [\[ASHRAE\]](#).

Food Service and Communal Dining

Currently, there is [no evidence](#) to suggest that COVID-19 is spread by [handling](#) or eating food. However, consuming refreshments, snacks, and meals with persons not from the same household may increase the risk of getting and spreading COVID-19 among people who are not fully vaccinated because masks are removed when eating or drinking.

- **Promote prevention measures.** Require staff and volunteers to [wash their hands](#) and encourage diners to wash their hand or use an alcohol-based hand sanitizer (before and after serving or eating). In indoor dining areas, people who are not fully vaccinated should wear a mask when not actively eating or drinking and physically distance.
- **Increase airflow and ventilation.** Prioritize outdoor dining and improved ventilation in indoor dining spaces.
- **Avoid crowding.** Particularly in areas with substantial to high levels of community transmission, reduce seating capacity, use markers and guides to ensure that people remain at least 6 feet apart in a mixed campus when waiting in line to order or pick up. Stagger use of dining areas.
- **Consider offering to-go options** and serve individually plated meals. If traditional self-serve stations are offered, CDC provides [recommendations](#) to reduce the risk of getting and spreading COVID-19.
- **Clean regularly.** For food contact surfaces, continue following all routine requirements for cleaning and sanitization. Non-food contact surfaces should be cleaned at least daily. If someone with COVID-19 has been in the facility in the previous 24 hours, non-food contact surfaces should be disinfected. See CDC's [Food and COVID-19](#) for more detailed information. Food service operators can find more detailed recommendations relevant to food service establishments in [Considerations for Restaurant and Bar Operators](#) and [FAQs for Institutional Food Service Operators](#). For more information on COVID-19 adapted community food serving and distribution models, visit [Safely Distributing School Meals during COVID-19](#).

IHE administrators can also refer to CDC's [Guidance for School Nutrition Professionals and Volunteers](#) for safe operations of food service and communal dining.

Water Systems

The [temporary shutdown or reduced operation](#) of IHEs and reductions in normal water use can create hazards for returning students, faculty, and staff. Check for hazards such as mold, *Legionella* (the bacteria that causes [Legionnaire's Disease](#)), and [lead and copper contamination](#) [🔗](#) from plumbing that has corroded.

- For more information, refer to the [ASHRAE Guidance for Building Operations During the COVID-19 Pandemic](#) [🔗](#), [CDC Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#) and the Environmental Protection Agency's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#) [🔗](#).

Service Animals and Other Animals in Campus Buildings

- At this time, there is no evidence that animals play a significant role in spreading SARS-CoV-2, the virus that causes COVID-19, to people. We are still learning about this virus, but we know that it can spread from people to animals in some situations, especially during close contact.
- Refer to CDC's [Guidance for Handlers of Service and Therapy Animals](#) and the [American Veterinary Medical Association \(AVMA\) services, emotional support and therapy animals](#) [🔗](#) page when making decisions about allowing therapy animals in campus buildings on a case-by-case basis.

Health Equity

[Long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19.](#) American Indian/Alaska Native, Black, and Hispanic persons are disproportionately affected by COVID-19; these disparities exist among all age groups, including school-aged children and young adults. Because of these disparities, in-person instruction on campuses might pose a greater risk of COVID-19 to disproportionately affected populations. For these reasons, health equity considerations related to in-person instruction are an integral part of decision-making.

Addressing social and racial injustice and inequity is at the forefront of public health. Administrators can help to protect [people at increased risk for severe COVID-19](#) and [promote health equity](#) by implementing the following strategies:

- Encourage and support people to [get vaccinated](#) as soon as they can.
- Offer options for accommodations, modifications, and assistance to students, faculty, and staff at [increased risk for severe illness](#) that limit their exposure risk and allow for education and or work opportunities (such as virtual learning, telework, and modified job responsibilities) to remain available to them.
- Provide inclusive programming and make options available for people with special [healthcare needs](#) and [disabilities](#) that allow on-site or virtual participation with appropriate accommodations, modifications, and assistance (for example, people with disabilities may need additional support to access and use technology for virtual learning).
- Put in place policies to protect the privacy and health information of all people, consistent with applicable laws.
- Train people at all levels of the organization to identify and address all forms of discrimination consistent with applicable laws and IHE policies.
- Work with others to connect people with resources (for example, healthy foods and stable and safe housing) and services to meet their physical, spiritual, and mental health needs.
- Identify students who might be [experiencing homelessness](#) or [food insecurity](#), and identify [resources](#) [🔗](#) and strategies to address these and other needs

related to COVID-19.

Support Coping and Resilience

- Encourage employees and students to take breaks from watching, reading, or listening to news stories, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students to eat healthy, exercise, get [sleep](#), and find time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
- Communicate with faculty, staff, and students about mental health support services available at the IHE.
- Offer an employee assistance program (EAP) through which faculty and staff can get counseling.
- Share facts about COVID-19 regularly with students, faculty, and staff through trusted sources of information to counter the spread of misinformation, reduce stigma, and lessen fear.
- Positive, pro-active messaging, education, and role-modeling is encouraged. Consistent with applicable laws and IHE policies, address negative behaviors that stigmatize individuals who test positive for or are exposed to COVID-19, including negative statements on social media, by promoting positive messaging that does not discourage vaccination, prevention behaviors, and testing.
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.
- Ensure continuity of mental health services, such as [offering remote counseling](#).
- [Encourage](#) students, faculty, and staff to call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or [Lifeline Crisis](#) [☑](#) if they are feeling overwhelmed with emotions like sadness, depression, anxiety, or feel like wanting to harm themselves or others.

Considerations for Students, Faculty, and Staff with Disabilities

- [People with disabilities](#) should be highly encouraged to get vaccinated and be fully integrated into the most appropriate learning environment with the proper accommodations.
- Disability resource centers should review policies and procedures to assess/qualify students for new accommodations, modifications, and assistance that might be needed due to changes in response to the COVID-19 pandemic.
- Consider the individualized approaches for COVID-19 prevention that may be

needed for some people with [disabilities](#).

- Provide accommodations for people who might have difficulty with mask use, such as some people with disabilities or certain medical conditions. Allow exceptions in the IHEs mask use policy. People concerned about their ability to consistently and correctly use a mask should consult with their healthcare provider or IHE disability resource center, for suggested [adaptations and alternatives](#).
- Ensure education remains accessible for students with disabilities as prevention strategies to reduce cases of COVID-19 are implemented.
- Encourage all students, faculty, and staff to discuss any accommodations they might need with the IHE's disability resource center.

Gatherings, Events, and Visitors


Crowded settings still present a greater risk of transmission among people who have not been fully vaccinated, especially when they bring together people of unknown vaccination status from different communities where community transmission is substantial to high. People who are not fully vaccinated should continue to avoid large gatherings, but if they choose to attend, they should wear well-fitting masks that cover the mouth and nose, maintain physical distancing, and practice good hand hygiene. For mixed campus IHEs, in-person instruction should be prioritized over extracurricular activities, including sports and school events, to minimize risk of transmission in schools and to protect in-person learning. Mixed campus IHEs may consider limiting the size of gatherings to maintain physical distance as an additional measure.

Sports


People who are fully vaccinated no longer need to wear a mask or physically distance in any setting including while participating in sports. People who are fully vaccinated can also refrain from quarantine following a known exposure if asymptomatic, facilitating continued participation in in-person learning and sports. Due to increased exhalation that occurs during physical activity, many [sports](#) put players, coaches, trainers, etc. who are not fully vaccinated at [increased risk](#) for getting and spreading COVID-19. Close contact and indoor sports are particularly risky.¹⁰

IHEs should follow CDC Guidance for Sports as long as it does not conflict with state, local, tribal, or territorial requirements and guidance. IHE administrators should also:

- [Offer and promote vaccination](#) to all athletes, coaches, trainers, etc.
- Prior to traveling, establish testing protocols for sport team members including coaches and support staff who are not fully vaccinated. Physical distancing can be difficult when flying or traveling by bus. Follow [CDC guidance for travel during the COVID-19 pandemic](#).
- Prior to hosting large sporting events, establish policies for athletes, coaches, staff, and spectators.

- Learn more about NCAA's recommendations to protect health and safety of college athletes from COVID-19: <https://www.ncaa.org/sport-science-institute/covid-19-coronavirus> 


Study Abroad and Travel

IHEs planning study-abroad programs should check CDC's destination-specific [Travel Health Notices](#) (THN) for information about the COVID-19 situation in the [destination or host country](#) . IHEs should postpone programs in destinations with very high COVID-19 levels (Level 4 Travel Health Notice). IHEs should have plans in place to take action if situations in the destination change and COVID-19 levels become very high during the program. IHEs may consider requiring vaccination as a condition of a study-abroad program.

IHEs planning study-abroad programs should advise and strongly encourage students to

- Get [fully vaccinated against COVID-19](#) before traveling.
- Follow CDC guidance for [international travel](#).
- Follow general public health considerations such as [handwashing](#), cleaning/disinfection and [respiratory etiquette](#).

Students may face unpredictable circumstances accessing medical care if they get sick or injured in their host country. Routine healthcare and emergency medical services may be impacted by COVID-19 at the destination.

Study-abroad programs should ensure that students are aware of and follow [all airline and destination entry requirements](#), such as testing, vaccination, mask wearing and quarantine. They should be aware that if they do not follow the destination's requirements, they may be denied entry and required to return to the United States. Programs and students should check with the Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information](#)  page for destination-specific entry requirements. Before studying abroad, programs and students should consider obtaining insurance to cover health care and emergency evacuation while abroad.

Programs should advise students who are at [increased risk for severe COVID-19](#) to discuss any study abroad plans with their healthcare provider. For more information and guidance on safety precautions for students before, during, and after travel, please visit CDC's [Studying Abroad](#) webpage or CDC's Yellow Book section [Study Abroad and Other International Student Travel](#).

International Students


International students vaccinated outside of the United States should refer to [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) for the need for vaccinations upon arrival in the United States.

Key Terms

Campus: The grounds and buildings of a university, college, or school (including community colleges and technical schools). The grounds include classrooms, libraries, outdoor and indoor common areas, sports stadiums, auditoriums, dorms and other housing, campus recreation centers, cafeterias, dining halls, etc.

People who are not fully vaccinated: People who are not fully vaccinated are individuals of all ages, including children, that have not completed a vaccination series to protect against COVID-19.



Fully vaccinated people/People who are fully vaccinated: People are considered fully vaccinated for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen)±.

†This guidance applies to COVID-19 vaccines currently authorized for emergency use by the U.S. Food and Drug Administration: Pfizer-BioNTech, Moderna, and Johnson and Johnson (J&J)/Janssen COVID-19 vaccines. This guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by the [World Health Organization](#)  (e.g. AstraZeneca/Oxford).









Mixed campus: A mixed campus includes people who have completed their COVID-19 vaccination series and people who have not completed their vaccination series to protect against COVID-19.

Fully vaccinated campus: IHEs where all students, faculty, and staff have completed their [vaccination](#) series to protect against COVID-19 prior to returning to campus except those people who are unable to get the COVID-19 vaccine due to medical or other reasons.

Additional Resources

- [Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [Resources for Colleges, Universities and Higher Learning](#)
- [Health Equity](#)
- [Worker Safety and Support](#)
- [Communication Resources](#)
- [CDC COVID-19 Vaccination Program Provider Requirements and Support](#)
- [Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\)](#)
- [Workplace Vaccination Program](#)
- [Guidance for U.S. Healthcare Facilities about Coronavirus \(COVID-19\)](#)
- [COVID-19 Behaviors Encouraging Protective Among College Students](#) 
- [The Department of Education COVID-19 Handbook Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff](#) 

References

1. Fouda B, Tram HPB, Makram OM, Abdalla AS, Singh T, Hung IC, Raut A, Hemmeda L, Alahmar M, ElHawary AS, Awad DM, Huy NT. [Identifying SARS-CoV2 transmission cluster category: An analysis of country government database](#)  . J Infect Public Health. 2021 Apr;14(4):461-467. DOI: 10.1016/j.jiph.2021.01.006. Epub 2021 Jan 18. PMID: 33743366; PMCID: PMC7813483.
2. Belosi F, Conte M, Gianelle V, Santachiara G, Contini D. [On the concentration of SARS-CoV-2 in outdoor air and the interaction with pre-existing atmospheric particles](#)  . Environ Res. 2021 Feb;193:110603. DOI: 10.1016/j.envres.2020.110603. Epub 2020 Dec 8. PMID: 33307081; PMCID: PMC7833947.
3. Bulfone TC, Malekinejad M, Rutherford GW, Razani N. [Outdoor Transmission of SARS-CoV-2 and Other Respiratory Viruses: A Systematic Review](#)  . J Infect Dis. 2021 Feb 24;223(4):550-561. DOI: 10.1093/infdis/jiaa742. PMID: 33249484; PMCID: PMC7798940.
4. Chirizzi D, Conte M, Feltracco M, Dinoi A, Gregoris E, Barbaro E, La Bella G, Ciccacese G, La Salandra G, Gambaro A, Contini D. [SARS-CoV-2 concentrations and virus-laden aerosol size distributions in outdoor air in north and south of Italy](#)  . Environ Int. 2021 Jan;146:106255. DOI: 10.1016/j.envint.2020.106255. Epub 2020 Nov 12. PMID: 33221596; PMCID: PMC7659514.
5. Qian H, Miao T, Liu L, Zheng X, Luo D, Li Y. [Indoor transmission of SARS-CoV-2](#)  . Indoor Air. 2021 May;31(3):639-645. DOI: 10.1111/ina.12766. Epub 2020 Nov 20. PMID: 33131151.
6. Sundar V, Bhaskar E. [Low secondary transmission rates of SARS-CoV-2 infection among contacts of construction laborers at open air environment](#)  . *Germs*. 2021 Mar 15;11(1):128-131. doi: 10.18683/germs.2021.1250. PMID: 33898351; PMCID: PMC8057850.
7. Borowiak M, Ning F, Pei J, et al. [Controlling the Spread of COVID-19 on College Campuses](#)  . *Mathematical Biosciences and Engineering*. 18(1): 551-563. Published 2020 Dec 14. doi:10.3934/mbe.2021030
8. Fox M, Bailey D, Seamon M, Miranda M. [Response to a COVID-19 Outbreak on a University Campus — Indiana, August 2020](#). *MMWR Morb Mortal Wkly Rep*. 2021;70(4):118-122. Published 2021 Jan 29. doi:10.15585/mmwr.mm7004a3.
9. The Corporation for Public Broadcasting. [CPB Funds COVID-19 PSAs for Tribal and HBCU Public Radio Stations](#)  . Press Release 2021 Apr 08.
10. Atrubin D, Wiese M, Bohinc B. [An Outbreak of COVID-19 Associated with a Recreational Hockey Game — Florida, June 2020](#). *MMWR Morb Mortal Wkly Rep*. 2020;69(41):1492-1493. Published 2020 Oct 16. doi:10.15585/mmwr.mm6941a4

Previous Updates

Updates from Previous Content



As of December 31, 2020:

- Updated considerations for Direct Service Providers (DSPs)
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As of October 5, 2020:

- Expanded considerations on care for students and staff when becoming ill in an IHE setting
 - Updated considerations on ventilation
 - Updated considerations on food service
 - Updated considerations for contact tracing
 - Updated considerations on recognizing signs and symptoms of COVID-19, screening, and testing
 - Updated considerations on coping and support
 - Updated considerations for Direct Service Providers (DSPs)
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Last Updated June 4, 2021

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\)](#), Division of Viral Diseases